



REGISTRATION FORM FOR ADULTS

ON WHAT PROGRAM ARE YOU ENROLLING? (Voided if more than option is selected)

ESL Job Connection Citizenship Class Computer Class Other: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: ___ age: _____

Preferred Name (if different from above): _____ DOB: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Preferred Phone: Home Cell Work

If necessary, I prefer to receive paperwork through: Email USPS

EMERGENCY CONTACTS:

Please provide two additional contacts that we can contact in case of an emergency.

First contact's Name: _____ Relationship: _____

Phone: _____ Ext. _____

Second contact's Name: _____ Relationship: _____

Phone: _____ Ext. _____

SAFETY INFORMATION

Do you have any medical, behavioral or emotional conditions; allergies, or special needs that the staff should know about?

Are you currently taking any medications to treat these conditions?

PHOTO/VIDEO CONSENT: Pictures or video may be taken during the program. These may be used in social media, our website or print material for advertisement purposes in a professional manner. I grant permission to Sol Del Valle to take photographs or videos of me. Yes No

SIGNATURE REQUIRED.

My signature below certifies that the information above is true and correct to the best of my knowledge. I understand that if any of the information provided is proven false this application will be voided; the services may be suspended indefinitely, and the respective authorities will be notified.

Signature: _____ Date: _____



HEALTH INFORMATION

Insurance

Are you currently covered by health insurance? Yes No

If yes:

Insurance Company: _____ Policy Number: _____

Group number (if any): _____ Subscriber: _____

Insurance company number: _____ Preferred doctor: _____

Health questionnaire

If you answered that you have a medical condition in the previous page, please elaborate more:

Do you have a medical, vegetarian or vegan diet? Yes No

If yes, Please Specify: _____

Have you been treated for attention deficit, Hyper activity disorder or a combination of both (AD/HD)?

Yes No

Medication

Are you going to be taking take any medications while in our premises? Yes No

If Yes... List the medication(s) plus any known side effects.

Did we forget to ask something? Is there anything else we should know?

By signing below, I grant permission to Sol Del Valle Community Center (SDVCC) to contact a licensed medical professional or nurse to administer or provide treatment as necessary in the case of an emergency. I also gave all relevant information regarding my medical conditions to SDVCC.

Signature

Date

Notice: This information is necessary to be able to better accommodate you and / or have a better response in case of a medical emergency.



SOL DEL VALLE COMMUNITY CENTER POLICY AGREEMENT

Payments

ALL PAYMENTS ARE DUE BY THE FIRST FRIDAY OF EACH MONTH.

All Fees are payable by cash, checks, cashier checks, or money orders. Debit/Credit card payments are accepted but be aware that our POS system charges the card holder a service percentage fee over the Community Center's fees. **There is a \$15.00 processing fee due at the time of registration.** There is a \$30.00 charge (plus any banking fees) for every bounced check. Late payments are subject to a \$5.00 per day late fee. Government regulated holidays (e.g. fourth of July, Labor Day, Thanksgiving, etc.) are NOT eligible for refunds or credits. We reserve the right to suspend or refuse service if we do not receive payments by the end of the week that they are due. **There are no Refunds. There are no exceptions to the rules above.**

Disclaimer: we unable to provide one-on-one care services for people who require it.

Illnesses

Should a person require special care due to illness, we will try our best to accommodate him/her **after we receive a doctor's note specifying the required treatment** to be implemented while in our premises. If we cannot accommodate him/her, they **must leave** our premises and **return once fully recovered.**

Conduct

Everyone enrolled in our programs is expected to participate in all activities and to behave with respect and courtesy when dealing with others. You may be dismissed if you refuse to obey rules or directions of staff; fighting; possession of drugs, alcohol, tobacco or weapons of any kind. Willful destruction of the Community Center's property shall be program attendees' responsibility to repair or replace. The Community Center, administration, and staff reserve the right to dismiss you from our campus or program for behavior or conduct deemed detrimental to self, other participants, the staff or the program coordinator.

Reschedule or cancelations of appointments (if applicable to the program)

All appointments are final. If you need to reschedule or cancel an appointment you must do so by calling our main office at least **24 hours in advance** (early Cancellation). If you cancel on the same day of the appointment it is considered a late cancelation, and it is not eligible to be rescheduled. Early cancelations, however, **may be** eligible for reschedules if the instructors' schedule allows us to do so. Reschedules are not guaranteed to be taught by the regular instructor. **No-shows and late arrivals are not eligible for reschedules nor credit or refunds. We DO NOT provide credit or refunds for missed appointments, classes or reschedules.**

Change of Instructor Policy

We are committed to maintain the same instructor for the program throughout the academic year. Nevertheless, we reserve the right to change your instructor if it's deemed necessary by the program coordinator or the administration.

Financial Aid (i.e. scholarships)

Financial Aid may or may not be available. For updated information, please consult our administrative staff or program coordinator.

Registration and payment question or complaints

Complains or questions regarding the program may be handled by the program coordinator or administrative staff. Questions or complaints regarding registrations and payments are to be handled by administrative staff only. If neither the program coordinator nor the administrative staff can answer your questions or concerns, you

may write a letter to our executive director with your contact information, and you will receive a response as soon as possible.

Medical Emergencies

Should a medical emergency occur, we will contact 911 immediately followed by your emergency contacts.

Release of liability and agreement to policies. READ BEFORE SIGNING.

In order to be allowed to participate in any way in Sol Del Valle Community Center's programs, I the undersigned, acknowledge, appreciate and agree that:

I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, indemnify, and hold harmless Sol Del Valle Community Center, its officers, officials, and/or employees, other participants, sponsors, volunteers, and, if applicable, owners or lessors of the premises used to conduct the events (the releasees) from any claims, demands, losses, and liability arising out of or related to any injury or loss to person or property, **whether arising out of the negligence of the releases or otherwise to the fullest extent permitted by law.**

SIGNATURE REQUIRED

By signing below, I state and certify that: I have read the policies document; I fully understand and agree to them. I understand that **all policies are subject to change.** I read the release of liability statement; **I fully understand its terms and understand that I have given up substantial rights by signing below.** I sign this freely, and voluntarily without any inducement.

Name

Signature

Date